



Department of Housing and
Community Development

STATE SHELTER SUPPORT GRANT

Operating Manual for Fiscal Year 2005 - 2006

Department of Housing and Community Development
Division of Housing
501 North Second Street, Richmond, Virginia 23219

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SHARE SHELTER SUPPORT GRANT (SSG)

GENERAL INFORMATION

GOAL

The goal of the SSG is to assist homeless families and individuals by providing better facilities and/or services at emergency shelters and transitional housing facilities in Virginia.

OBJECTIVES

The objectives of the SSG are as follows:

1. To provide state funding to emergency shelters and transitional housing facilities for rehabilitation, repair, and improvements to bring existing facilities into compliance with State and local health codes and building codes. **Grantees must use the state portion of their SSG award to achieve this first objective prior to directing funds to the second objective.**
2. To provide state funding to emergency shelters and transitional housing facilities for operation costs to include administration, routine maintenance, rent, utilities, insurance, supplies and furnishings. Also included is the delivery of essential human services that address issues such as employment, substance abuse, education, or health where such services do not duplicate or supplant existing local services.

The objectives of TANF funds are to:

1. To provide assistance to needy families.
2. To end dependence of needy parents by promoting job preparation, work and marriage.
3. To prevent and reduce out-of-wedlock pregnancies.
4. To encourage the formation of two-parent families.

Catalog of Federal Domestic Assistance Numbers

The Catalog of Federal Domestic Assistance (CFDA) number of the Temporary Assistance for Needy Families (TANF) portion of your award is **93.558**. *It is important to note that the portion of your award that is state funded has no CFDA number; this number only applies to funding that comes through TANF.*

GENERAL REQUIREMENTS FOR 2005-2006 GRANTEES

PARTICIPATION IN CONTINUUM OF CARE PLANNING ¹

All grantees for SSG must submit one of the following:

- A brief statement of the applicant's role in a **current ongoing Statewide, local, or regional Continuum of Care Plan** or copies of Continuum of Care attendance lists, and a copy of that plan; or
- A brief statement of the applicant's role in a **current work group in which a local or regional Continuum of Care Plan is being developed**; or

See Program Design for additional information on Continuum of Care Plans.

MATCH

All SSG grantees are required to provide a dollar-for-dollar match for the total SSG award amount. The match must be for the specific project for which SSG funding is requested and must be received and expended within the fiscal year 2005 grant year.

FINANCIAL STATEMENTS

SSG grantee organizations receiving more than \$500,000 in total federal grant awards annually are required to submit an annual independent audit to DHCD in accordance with federal audit standards. SSG grantee organizations receiving less than \$500,000 in total federal grant funds annually must submit an audited financial statement prepared by an independent auditing firm in accordance with SSG program guidelines.

LIST OF BOARD MEMBERS

Nonprofit applicants must submit a current List of Board Members (including officers names, addresses, telephone numbers and terms of service) before any SSG funds are disbursed.

¹ Applicants participating in the Statewide Continuum of Care are not required to submit copies of Attendee lists or their Continuum of Care Plan.

DIRECTIONS

All applicants must include directions or a map to the administrative offices or shelter/facility(s) from the nearest major highway.

FACILITIES SERVING ADULT HOUSEHOLDS

Facilities funded by DHCD may, in providing services to married persons, make inquiry to ascertain to their reasonable satisfaction, that persons presenting themselves as married are, in fact, married.

SUPPLEMENTARY INFORMATION

1. All new SSG grantees must provide a brochure or brief description of the agency's programs and a picture of all facilities.
2. All new SSG grantees must be able to document the **delivery of supportive services** (as identified on TABLE 1) designed to assist homeless households in the transition to independence. Winter shelters and day shelters **only** are excluded from this requirement.
 - If the services offered are part of an in-house program, include brochures or pamphlets describing these services. If such publications are not available, include a letter, on the applicant's letterhead, signed by the Executive Director or Board President stating what services are offered.

If services are to be accessed through referral to other agencies or providers, include letters from each stating that they provide the service(s) to clients from the grantee's program. Letters do not have to be submitted to DHCD before SSG funds are disbursed. However, grantees unable to provide such letters in a timely manner will have the SSG funds de-obligated and must repay any funds that have been disbursed.

HANDICAPPED ACCESSIBILITY

New grantees must submit a statement describing the handicapped accessibility of every facility to be assisted with SSG funds. If a facility is not handicapped accessible, the grantee must submit a detailed plan for sheltering a handicapped person. Specific shelters and/or motels should be named as alternate sources of shelter, with a description of the handicapped accessibility.

PROGRAM DESIGN

Grantees for the SSG program must meet the following requirements:

- All SSG grantees must be able to document the delivery of **supportive services** designed to assist homeless households in the transition to independence. Winter shelters **only** are excluded from this requirement. (For the purposes of this grant, children or juveniles who are wards of the State are not considered to be homeless persons.)
- Complete Table 1, indicating services provided in-house and through linkages with other agencies or service providers. If the services offered are part of an in-house program, provide brochures or pamphlets describing these services. If such publications are not available, include a letter, on the applicant's letterhead, signed by the Executive Director or the Board President stating what services are offered.

See *Additional Requirements for the New SSG Grantees* for supplementary requirements related to delivery of services.

- All Emergency Shelters receiving SSG funds (excluding winter shelters) must be able to document placement of a **minimum of 10% of the homeless households served in fiscal year 2004-2005 into transitional or permanent housing**. Applicants providing transitional housing must be able to document placement of a **minimum of 50% of the households who completed the transitional housing program in fiscal year 2004-2005 into permanent housing**. "Household" mean all clients including single individuals and families.
- If space is available, Domestic Violence project sponsors must shelter other homeless women and children on an emergency basis. An overnight stay is expected, with provision for transportation and/or arrangements for an alternative type of shelter as available. Non-domestic violence clients sheltered on an emergency basis must be included in the numbers of households/cases served on the Quarterly Statistical Report, but should not be included in calculating the percentage of households placed into transitional or permanent housing.
- The grantee must be able to maintain facilities in such a manner that they meet certain minimum standards. DHCD will use the U. S. Department of Housing and Urban Development Housing Quality Standards (HQS) as a basis for insuring the safety of all occupants. The grantee is responsible for ensuring that all funded facilities meet these standards (See HQS form, Appendix 3). SSG funds awarded for facilities that fail to meet minimum standards will be de-obligated and grant funds repaid to DHCD.

In addition, funded agencies must ensure that homeless facilities offer a positive and supportive environment that provides encouragement and hope to improve the attitude, self-esteem, and motivation of homeless persons.

- All grantees will be required to comply with SSG regulations. Failure to do so will result in actions including, but not limited to, conditions, suspension, or outright termination of the grant agreement.

FAIR HOUSING

All fiscal year 2005-2006 SSG grantees must perform some action in the area of enforcement and/or promotion to affirmatively further fair housing. During the grant year (July 1, 2005 - June 30, 2006), grantees must carry out a minimum of one activity to further fair housing. The activity may be chosen from the following list or may be one that has been specifically approved by the Program Administrator.

1. Adopt a resolution endorsing the concept of fair housing and advertising the resolution through the local media.
2. Enact a local fair housing ordinance substantially equivalent to federal or State law.
3. Attend a fair housing workshop offered or approved by DHCD. A member of the Board or governing body, or the chief administrative official and another appropriate representative (local realtor, banker, etc.) must attend a fair housing workshop.
4. Provide all project beneficiaries with a copy of a fair housing brochure.
5. Enlist the participation of local realtors, lenders, and homebuilders in an agreement and promotion of affirmative marketing, open housing, and review of underwriting, credit criteria, etc. The agreement must be published through the local media.
6. Conduct a public educational program for local housing consumers and providers and/or financial institutions regarding fair housing issues.
7. Develop a public information network using local newspapers, radio stations, bulletin boards, churches, utility bill mailing, etc. to ensure all segments of the community are aware of fair housing requirements, especially realtors, landlords, financial institutions, and minority households.
8. Develop a fair housing assistance program to make housing opportunities known to minorities, to monitor compliance, and to refer discrimination complaints to the proper authorities.
9. Assess the special housing problems of women and minorities through surveys, etc. and determine any effects of discrimination. Develop a plan to assist in overcoming these effects.
10. Develop or fund a community-based fair housing organization.

INVOLVEMENT OF HOMELESS PERSONS

Each grantee must, to the maximum extent possible, involve homeless individuals and families in the maintenance and operation of facilities and in the provision of services to residents of these facilities. Methods of achieving client involvement may include having a suggestion box, using chore lists and exit interviews, conducting regularly scheduled house meetings, encouraging clients to assist with children's programs, parenting classes or vocational training and/or to serve as members of the Board.

PROCESS FOR TERMINATING ASSISTANCE

Each applicant must have a formal process for terminating assistance to an individual or family. At a minimum, there must be an appeals procedure with one level of administrative review for clients who are evicted from the facility for any reason. Clients must be informed of the appeals procedure in writing during the intake process.

Those applicants with small programs and limited staff may have the Executive Director hear all appeals. At a minimum, someone other than the person who made the initial termination of services must hear any appeals. For those applicants with larger programs, a procedure allowing for two or more levels of appeal is appropriate and expected.

CONTINUUM OF CARE PLAN

A Continuum of Care Plan identifies housing and service needs for homeless individuals and families. CoCs facilitate coordinated, comprehensive, and community-based response to the identified needs. A plan includes an inventory of existing resources for prevention, outreach and assessment, emergency shelter, transitional and permanent housing and available supportive service; and the identification of the gap between the existing resources and the need.

All SSG grantees are required to **actively participate** in a Statewide, local, or regional Continuum of Care Plan designed to eliminate homelessness. In the absence of a local or regional plan, applicants must participate in the Statewide Continuum of Care Plan. Failure to actively participate will result in suspension of funding and may result in recapture of SSG funds.

For additional information on Continuum of Care Planning, contact Kathy Aebischer at (804) 371-7113.

ELIGIBLE SHELTER SUPPORT GRANT ACTIVITIES

State Shelter Grants may be used for one or more of the following activities:

- Emergency shelters and transitional housing facilities may use the state portion of their SSG awards for rehabilitation, repair, and improvements to bring existing facilities into compliance with State and local health codes and building codes. **Grantees must use the state portion of their SSG awards to achieve code compliance of the facility structure prior to directing funds to other operation costs.**
- Emergency shelters and transitional housing facilities may use SSG funds for operation costs such as administration (including staff), maintenance, rent, utilities, insurance, supplies and furnishings. Also included is the delivery of essential human services that address issues such

as employment, substance abuse, education, or health where such services do not duplicate or supplant existing local services.

- Primarily religious organizations must agree to provide all eligible activities under this program in a manner that is free from religious influences.

TANF funds may be used for:

- Funds may be used for operations and supportive services intended to achieve the purpose of the program, as described in the eligible SSG activities.
- A State may contract with charitable, religious and private administrative and programmatic services.
- There must be an income limit (resource limit optional) for services provided under TANF. This income limit can be up to 200% of the federal poverty limit.
- Information collected on families receiving services funded by TANF is protected as specified in the Virginia Protection Act of 1976 (*Code of Virginia 2.1-377-389*).

INELIGIBLE ACTIVITIES

Shelter Support Grants may not be used for the following activities or for any activity that is in violation of federal law or the laws of the Commonwealth of Virginia:

- SSG funds may not be used for the provision of shelter or services to persons other than those who are homeless.
- SSG funds may not be used for the provision of emergency shelter to the homeless where clients are charged a fee or rent or required to make a donation to receive shelter.
- SSG funds may not be used for the provision of transitional housing or any other housing for the homeless if any of the following apply:
 - (1) The applicant receives a HUD Supportive Housing Program grant, Section 8 Program subsidy or any other governmental rental subsidy to operate the facility,
 - (2) Rents/Fees charged exceed 30% of the resident's income,
 - (3) The total annual income from rents exceeds 50% of the last year's total budget for the transitional or other housing program.
- SSG funds may not be used to acquire/purchase real property (buildings, land, and structures), including mortgage payments.
- SSG funds may not be used for homeless prevention activities such as, but not limited to, mortgage or rental assistance and rental or utility deposits.
- SSG funds may not be used for the provision of beds for which third-party payments are received. This includes per diem payments from the Department of Social Services, the Department of Corrections, and other State agencies. FEMA funding is not included.

Activities **Not** Allowed for TANF Funds:

1. Funds **may not** be used for juvenile justice activities.
2. Funds **may not** be used to provide medical services other than pre-pregnancy family planning services.
3. Funds **may not** be used for sectarian worship, instruction, or proselytization.
4. Funds **may not** be used for purposes 1, 2, and 4 of TANF if the family does not include a minor child, i.e., a pregnant individual; or an individual less than 18 years old, or, if a full-time secondary school student, less than 19 years old, who resides with the family.

ACCESSING FUNDS AND REPORTING

GRANT AGREEMENTS

DHCD will enter into a Grant Agreement with each approved applicant on July 1, 2005. Grant Agreements will specify the terms and conditions of the grant award. **The Grant Agreements must be signed within fifteen (15) days of receipt, and the full document (all pages) mailed to DHCD in a timely manner or the award may be forfeited.** Grant Agreements will require grantee compliance with the terms, conditions, and requirements of the Agreement, the Program, and the laws of the Commonwealth.

The Grant period will begin July 1, 2005 and end June 30, 2006. A Grant Agreement is considered fully executed and in force when both parties have signed it. Grantees that return the signed Grant Agreement to DHCD on or before **August 15, 2005** may use SSG per bed funds for expenses incurred from July 1, 2005 through June 30, 2006. A grantee that returns the signed Grant Agreement after July 31, 2005 **may not** use SSG funds for expenses incurred before the date the Grant Agreement is received and signed at DHCD.

STATE FUNDS DISBURSEMENT

SSG grantees will request their **State** grant award by submitting the **Disbursement Request Form** with a **budget** which shows SSG and match expenditures and projected expenses for rehabilitation and repair, operations, administration, staff costs. The entire state portion of the SSG award amount will be requested on the SSG Request for Disbursement Form. **Faxed Disbursement Request forms will be accepted.**

The Disbursement Request and budget may be sent to DHCD with the signed Grant Agreement. The Program Analyst will disburse funds totaling the State portion of the grant award upon approval of the budget. No funds will be disbursed before the Grant Agreement is fully executed and the budget approved by DHCD. Grantees who have not submitted all Financial Reports and/or Quarterly or Annual Statistical Reports for fiscal year 2005-2006 will receive no SSG funds until such reports are submitted to DHCD.

Note: All TANF funds must be expended by April 30, 2006 and TANF reimbursements must be requested by May 15, 2006.

REPORTING AND MONITORING

All SSG grantees are required to submit Financial Reports to DHCD with each request for disbursement. TANF funds are disbursed by reimbursement only. All requests for TANF funds must be accompanied by supporting documentation of expenditures or your request will be returned. Instructions for changes in reporting and disbursements are included with your grant packages.

- Request for TANF funds must be submitted on a monthly basis for expenses incurred in the preceding month and must arrive at DHCD by the 15th day of the month. (For example, request for expenses from July must be here by August 15th). Request not meeting those guidelines will not be processed.
- All TANF funds must be expended by May 15, or the unexpended balance of the grant

funds will be reduced by the unused portion.

- Expenses must be recorded on the Summary of Expenditures form in accordance with the approved budget. The proper category and expense account number must correspond with all reported expenses before the disbursement request can be approved.

Note: While TANF requests for reimbursement may be submitted at any time DHCD can only draw TANF funds from the Department of Social Services once per month. This process may cause some delays in processing requests for TANF funds.

Monthly Reports shall include the following information:

1. Disbursement Request;
2. Summary of Expenditures;
3. Match Expenditures.

A **Grant Closeout Report** is required when Financial Reports showing expenditure of all SSG funds are submitted.

DHCD staff will monitor the use of grant funds through a combination of a thorough review of all submitted reports, review of audit or financial statements, monitoring and site visits.

Grantees that operate emergency shelters, including winter shelters, must submit Quarterly Statistical Reports to DHCD; grantees that provide transitional housing must submit an Annual Statistical Report to DHCD only. **Quarterly Statistical Reports must be submitted for each of the four quarters in fiscal year 2005-2006, whether or not SSG funds are expended in the quarter.**

A schedule of report due dates will be provided to all grantees. Failure to submit reports by the required due dates will result in a hold on all DHCD grant disbursements. Repeated non-compliance with reporting requirements can result in further grant restrictions.

DHCD is required to submit periodic reports to the Virginia Department of Social Services. Delays in reporting may cause delays in processing TANF payments. Therefore, it is imperative that each grantee submits all reporting information timely and accurately.

TABLE 1: DELIVERY OF SUPPORTIVE SERVICES

SSG Grantee: _____

Check the services provided to homeless clients and whether the service is a part of your agency's in-house program or provided through linkages with other agencies or service providers in the community. All grantees must complete this form and include either 1) brochures or pamphlets describing your in-house program, or 2) a statement on agency letterhead from the Executive Director or Board President. All new grantees must submit letters from other agencies or service providers stating that the service is provided to homeless clients residing in your agency's emergency shelter or transitional housing facilities. Services should be appropriate and adequate for the homeless populations served by your agency. At a minimum, need assessment, case management, and information and referral must be provided.

☐ Check here if funded in fiscal year 2004-2005 and **no changes** are required in services provided.

☐ Check here if funded in fiscal year 2004-2005 and you are updating services provided. (Indicate updated information on the form below and attach letters to support new linkages, if any)

☐ Check here if not funded in fiscal year 2004-2005 (attach letters to support linkages for services provided by other agencies or service providers).

SUPPORTIVE SERVICE	SERVICE PROVIDED	SERVICE IS PROVIDED AS A PART OF YOUR PROGRAM	SERVICE IS PROVIDED THROUGH LINKAGES WITH OTHERS
Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual / Family Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgeting / Financial Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Workshops / Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Group(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Care / Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TABLE 2: METHODS OF INVOLVING HOMELESS PERSONS IN
OPERATIONS AND MAINTENENCE**

SSG Grantee: _____

Check all of the following methods of involving homeless persons in the operations and maintenance of your facility, and in the provision of services that you are currently using or will be using in fiscal year 2005-2006:

- | | |
|---|---|
| <input type="checkbox"/> Suggestion Box | <input type="checkbox"/> Exit Interview |
| <input type="checkbox"/> Chore Lists for Residents | <input type="checkbox"/> Regularly Scheduled House Meetings |
| <input type="checkbox"/> Clients Assist with Children’s Program | |
| <input type="checkbox"/> Clients Assist with Parenting Classes | |
| <input type="checkbox"/> Clients Assist with Vocational Training | |
| <input type="checkbox"/> Clients or Former Clients Serve on Board | |
| <input type="checkbox"/> Other (Be Specific) _____ | |
| _____ | |
| _____ | |

TABLE 3: SOURCES OF FUNDING

SSG Grantee: _____

What is your organization's operating budget for the emergency shelter, winter shelter or transitional housing program for fiscal year 2005-2006?

\$ _____

How much financial support will you receive from local government?

\$ _____

Using \$5.00 per hour, what is the value of volunteers in your FSG funded program?

Number of volunteer hours: _____ x \$5.00 = \$ _____

What is the dollar value of donated goods and in-kind services to your FSG funded program?

\$ _____

List the services that are not currently provided by your organization that would be provided if funds were available:

What is a reasonable estimate of the additional funds necessary for your organization to offer the services identified above?

\$ _____

Appendix 1 - Definitions

(The words and terms listed, when used in these guidelines, shall have the following meaning unless the context clearly indicates otherwise.)

Applicant	An incorporated nonprofit organization or unit of local government that makes application for funds under this program.
Application	The written request for grant funding under this program.
Bed Capacity	The maximum number of full-year resident beds at a facility available for use by the homeless as approved by the local building official.
DHCD	The Virginia Department of Housing and Community Development.
Emergency Shelter	Short-term housing for homeless persons. Facilities identified as transitional housing (TH) or SRO for HUD funding and/or other grants, brochures, or annual reports must be identified as SRO or TH and not identified as emergency shelter (ES) when applying for SSG funding.
Facility	All or any portion of buildings, structures, cities, complexes, equipment, rolling stock or other conveyances, roads, walks, passageways, parking lots, or other real or personal property, includes the site where the building, property, structure, or equipment is located.
FSG	The SHARE Federal Shelter Grant, funded through U. S. Department of Housing and Urban Development's Emergency Grants Program.
FY03	The State fiscal year July 1, 2002 through June 30, 2003.
FY04	The State fiscal year July 1, 2003 through June 30, 2004.
Federal Fiscal Year	Refers to the period of October 1 through September 30.
Grant Agreement	The contract between DHCD and the Project Sponsor containing the terms and conditions provided for within this program.
HUD	The U. S. Department of Housing and Urban Development.
HQS	A set of structural and maintenance standards established by the U. S. Department of Housing and Urban Development.
Handicapped Accessibility	The absence of architectural or communication barriers that restrict full access to a facility by an individual with a physical or mental impairment.

Homeless

- (a) An individual or family that lacks a fixed, regular, and adequate nighttime residence: or
- (b) An individual or family that has a primary nighttime residence that is:
 - (1) A supervised publicly or privately operated shelter designed to provide temporary living conditions (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness:
 - (2) An institution that provides a temporary residence for individuals intended to be institutionalized: or
 - (3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
 - (4) The term does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.
 - (5) The term does not apply to those are who considered at imminent danger of becoming homeless due to eviction or foreclosure. If eviction or foreclosure occurs, the individual or family may be considered homeless if there are no other housing resources available to them.

Homeless Facility	A structure used as an emergency shelter, transitional housing, or winter shelter.
Locality	A city, county, or town located within the Commonwealth of Virginia.
Maintenance	Routine repairs to a building or property to assure its continued safe, sanitary, and energy-efficient use.
Permanent Housing	A home or apartment, including Section 8 or Public Housing, in which the household plans to stay for a period of time.
Rehabilitation	Substantial physical improvements/repairs to a facility, which will secure it structurally; correct building, health, or fire safety code defects; increase energy efficiency; and assure safe and sanitary occupancy.
Service Area	The geographic area or jurisdiction served by a nonprofit organization or a local government Project Sponsor.
SRO	A single room occupancy dwelling in which the occupant plans to stay for a period of time.
SSG	The State Shelter Support Grant.
Transitional	Facilities for the homeless designed to meet their longer-term

Housing

temporary housing and human service needs, wherein the typical stay is over thirty (30) days and less than two years. Facilities identified as transitional housing for HUD funding and/or other grants, brochures, or annual reports must be identified as transitional housing when applying for SSG funding.

Winter Shelter

Seasonal facilities open during inclement months of the year, providing, at a minimum, beds and food to homeless persons. Other supportive services may be offered.

Appendix 2 - TANF Requirements

I. PROGRAM OBJECTIVES

The State receives TANF funding in the form of a block grant from the United States Department of Health and Human Services (HHS). The State must use the TANF block grant funds to meet at least one of the four objectives stated in the federal TANF law. The objectives of TANF are to:

- (1) provide assistance to needy families;
- (2) end dependence of needy parents by promoting job preparation, work, and marriage;
- (3) prevent and reduce out-of-wedlock pregnancies; and
- (4) encourage the formation and maintenance of two-parent families.

II. SOURCE OF GOVERNING REQUIREMENTS

TANF was established by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (Public Law 104-193), which amended Title IV-A of the Social Security Act. Additional amendments were enacted in the Balanced Budget Act of 1997. The federal law regarding TANF can be found in the U. S. Code at 42 USC 601-619.

Program regulations were published in the April 12, 1999 Federal Register (45 CFR Part 260, et al.) The Internet site for the federal regulations is www.acf.dhhs.gov/programs/ofa/finalru.htm. In addition, the U. S. Department of Health and Human Services has published a TANF guide, "Helping Families Achieve Self-Sufficiency: A Guide on Funding Services for Children and Families Through the TANF program." It is available on the Internet at www.acf.dhhs.gov/programs/ofs/funds2.htm.

TANF is subject to the A-102 Common Rule (www.whitehouse.gov/omb/circulars/a102/a102.htm) and OMB Circular A-87 (www.whitehouse.gov/omb/circulars/a087/a0870all.html).

Any program or activity that receives TANF block grant funds is subject to: the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Civil Rights Act of 1964. There shall be no discrimination based on race, color, religion, sex, national origin, marital, parental, or birth status, or disability by State or local agencies in the administration of any public assistance program.

III. COMPLIANCE REQUIREMENTS

A. Activities Allowed

1. Funds may be used in any manner to achieve the purposes of the program.
2. Funds may be used for programs to prevent and reduce the number of out-of-wedlock pregnancies, including programs that provide education and training on the problem of statutory rape.
3. Funds may be used to provide employment placement services to individuals receiving assistance under TANF.
4. Funds may be used to fund individual development accounts established for individuals eligible to receive assistance under TANF.
5. A State may contract with charitable, religious and private organizations to provide administrative and programmatic services.
6. There must be an income limit (resource limit optional) for services provided under purposes 1 and 2 of TANF. This income limit can be up to 200% of the federal poverty limit.
7. Information collected on families receiving services funded by TANF is protected as specified in the Virginia Privacy Protection Act of 1976 (*Code of Virginia 2.1-377-389*).

B. Activities Not Allowed

1. Funds may not be used for juvenile justice activities.
2. Funds may not be used to provide medical services other than pre-pregnancy family planning services.
3. Funds may not be used for sectarian worship, instruction, or profitselytization.
4. Funds may not be used for purposes 1, 2, and 4 of TANF if the family does not include a minor child, i.e., a pregnant individual; or an individual less than 18 years old, or, if a full-time secondary school student, less than 19 years old, who resides with the family.

IV. ASSISTANCE VERSUS NON-ASSISTANCE

The funds being allocated by RFP cannot be used for “assistance” unless specifically permitted by the Secretary of Health and Human resources. Generally, assistance refers to cash benefits and non-assistance refers to the provision of services.

The definition of “assistance” provided with TANF federal funds is of particular importance because the major TANF program requirements (e.g., work requirements, time limits on Federal assistance, assignment of rights to child support, and data reporting) apply only to families receiving “assistance”. The definition of assistance can be found at 45 CFR 260.31 (www.acf.dhhs.gov/programs/ofa/finalru.htm).

Assistance excludes non-recurrent, short-term benefits designed to deal with individual crisis situations rather than ongoing need. These benefits cannot provide for needs that extend beyond four months. The definition of assistance also excludes child care, transportation and supports provided to employed families, individual development account (IDA) benefits, refundable earned income tax credits, work subsidies to employers, and services such as education and training, case management, job search, and counseling.

V. FINANCIAL PENALTIES

- Use of federal funds in violation of the Act results in financial penalties. The single audit conducted under the Single Audit Act, supplemented by other related audits, reviews, and data sources will help identify violations.
- Any use of funds that violates the provisions of the Act, section 115(a)(1) of PRWORA, the provisions of 45 CFR part 92 or OMB Circular A-87 will be considered to be a misuse of funds.
- Misuse of funds will be considered intentional if there is supporting documentation, such as federal guidance or policy instructions, indicating that federal TANF funds could not be used for that purpose.

Financial Summary Form

Agency: _____

Grant 06-SG- # _____

Period: _____

	Rehabilitation Major Repairs	Operations	Staff	Administration (non-staff)	Totals	Match Amounts
(A) Previously Reported SSG Expenditures						
(B) SSG Expenditures This Quarter						
(C) Total SSG Expenditures This Year (A + B)						
(D) Total SSG Amount Budgeted						
(E) SSG Grant Balance (D minus C)						

Signature of Authorized Representative

Print or Type Name and Title

Summary of Expenditures Form

Agency: _____

Grant 06-SG-# _____

Period _____

Date	Check #	Expense Account #	Written To	Rehab/ Major Repairs	Operations	Staff	Administration (non-staff)
SUB-TOTAL							
GRAND TOTAL							

Match Expenditures Cash Contributions

Agency: _____

Grant 06-SG- # _____

Period: _____

Source*	Expense Category**	Amount
SUB-TOTAL (complete <u>only</u> if continuing this list on additional copies of this form)		
GRAND TOTAL		

* The specific source of the contribution. Enter the organization or contributor name.

** Expense Category is what the cash contribution was used to pay. Categories should match the Budget categories on the Summary page: *Rehabilitation/Major Repairs, Operations, Staff, Administration (non-staff)*.

Match Expenditures In-Kind Contributions

Agency: _____

Grant #06-SG- _____ Period: _____

IN-KIND CONTRIBUTIONS

Type *	\$Value	Source
SUB-TOTAL		
GRAND TOTAL		

*Type is the kind of donation. Examples are furniture, clothing, and food.

VOLUNTEER TIME (must be contributed to the funded program)		
# of Volunteers	# Hours	Dollar Value (@ \$5 per hour)
MAKE SURE YOU CAN DOCUMENT ALL VOLUNTEER HOURS <i>Attach additional pages if necessary</i>		

Closeout Form
(To be completed when ALL grant funds have been expended.)

Agency: _____

Grant#06-SG: _____

CATEGORY	GRANT		MATCH	
	Budgeted	Actual	Budgeted	Actual
Rehabilitation Major Repairs				
Operations				
Staff				
Administration (non-staff)				
TANF				
GRAND TOTAL				

Total SSG Award		Total SSG Expenditures		Balance	
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ACCOMPLISHMENTS: In a brief narrative, describe the accomplishments made as a direct result of this grant.

I certify to the best of my knowledge that this information is an accurate accounting of program funds. In addition, I promise to send an audited financial statement(s) covering the period during which these grant funds were expended. The audited financial statement(s) will be sent to the Virginia Department of Housing and Community Development within sixty days of its/their completion.

 Name and Title of Person Completing This Form (Type or Print)

 Name and Title of Executive Officer

 Signature and Date

 Signature and Date

Directions For Completing The Financial Report, Pages 1- 5

ALL Forms

Agency : Enter the name of organization as it is named on the grant agreement contract i.e.: Homeless Shelter, Inc., Do not substitute your program name for the grantee organization name.

Grant 06-SG: Enter the grant number for the current fiscal year. It can be found on the grant agreement contract. Do not put a check mark here to indicate you have a grant; we know you have one. We want to know what the number is. Do not use grant numbers from previous years.

Period: Enter the number of the period (7/01/2005 – 7/31/2005), which is being reported. The reporting quarters and report due dates are found on the grant agreement contract. These dates are as follows:

Do not attach any documentation to the report. Each agency must maintain ALL documentation in the agency files.

Do not attach printouts or other documents as replacements for these forms. Use only the financial report forms or contact your grant administrator to discuss other options.

An authorized person must sign all forms requiring signatures.

Only include forms that are relevant to your report for that quarter. If you are not reporting match during the report quarter, then do not attach a blank match report form.

Until you have closed out the grant, you must report every quarter, regardless of whether you spent grant funds or not. A "zero activity report", showing no expenditures for that quarter, must be submitted.

You must submit the *Financial Report* with each request for disbursement.

Your Financial Report may be submitted quarterly only if you are requesting funds quarterly.

Make copies of all blank forms for your use through the fiscal year. Use this reporting forms for the Fiscal Year and Grant indicated only.

Do not use this form to report expenditures for any other grant or for any other fiscal year.

The Financial Summary Forms

These forms serve as a summary of all expense activity cumulatively and during the report quarters. *Note that page 1 serves as the summary of expense for SSG funds including TAN F funds.* The following instructions apply to the completion of this form:

The categories listed in columns 2,3,4, & 5 correspond to those on your grant Budget.
For line:

Since you cannot have expenses before the first quarter, leave line (A) blank for the first quarter. After the first quarter, line (A) is the cumulative expenditure of grant funds from the preceding quarters (not including the one you are reporting for).

Line (B) is the expenditure of grant funds for the quarter that is being reported.

Line (C) is the total grant expenditures for the year [line (A) plus line (B)].

This is the amount from your approved grant budget for each category on Line (D).

To calculate this amount, subtract line (C), expenses, from line (D), budget. If changes to your budget move grant funds from one category to another, you must reflect that change on line (D) in all subsequent reports. You should write or type "Revised" on any revised reporting forms.

Have the organization's Executive Officer sign the report to verify the accuracy of the contents.

If someone other than the Executive Officer completes the financial reporting forms, include that signature and the phone number.

Make a copy of any report that you submit to DHCD for your files.

Do not attach computer printouts from your accounting software as a replacement for this form.

The Summary of Expenditures Form

In the grid spaces, enter the date, the check or reference number, the name of the vendor to whom each check was written and the dollar amount of the check/expenditure in the column under the appropriate budgeted category. Eligible expenditures are only those expenses, which have been approved on your budget by DHCD and those that were incurred within the grant year period. If

"utilities" is an approved item on your budget, for example, you may list a payment for an electric bill as long as the electricity was used between July 1, 2005 and June 30, 2006. You could not pay an electric bill on July 1, 2005 for electricity used in May 2005.

Pro rata or "split" expenses that result from cost allocation or indirect cost plans should be documented on your original documentation. The Quarterly Report should show the exact amount of expense allocated to the grant. It is understood that this amount may differ from the actual amount of the check # listed, but your documentation should reflect the indirect allocation.

Originals or copies of all invoices paid with grant funds and checks must be retained for review by DHCD staff during monitoring/site visits. Do not attach ANY invoice or copy of check to your report!

Make a copy of any report that you submit to DHCD for your files.

Do not attach computer printouts from your accounting software as a replacement for this form.

***"Do not attach
ANY invoices
or copies of
checks to your
report!"***

The Match Expenditures-Cash Contributions Form

You must be able to document all match. This includes, but is not limited to, documentation of the value and source of in-kind contributions, volunteer activity logs, and other supporting documentation. In-kind match that is not adequately documented will not be approved. All cash match must have been used specifically for the grant-funded program.

In the grid spaces, enter the specific name of the source of the matching cash contribution, the expenditure category that the contribution was used to pay, i.e. Rehabilitation/Major Repairs, Operations, Staff, Administration (non-staff).

Retain records for the receipt and the expenditure of these matching cash contributions for review by DHCD staff during monitoring/site visits.

Make a copy of any report that you submit to DHCD for your files.

The Match Expenditures-In-Kind Contributions Form

To report in-kind contributions, enter the type of donation (clothing, furniture), the dollar value of the contribution, and the source of the donation, (Department store, individual).

To report volunteer hours worked, enter the number of volunteers who worked for the report period, the number of hours that the volunteers worked at the grant funded facility, and the calculated dollar amount at \$5.00 per hour.

Records for the receipt of in-kind donations and volunteer hours worked must be retained for review by DHCD staff during monitoring/site visits.

Make a copy of any report that you submit to DHCD for your files.

The Close-Out Form

Once the expenditure of all grant funds in all categories has been reported and all spaces on line (E) of the Financial Summary Form (page 1) reflect a zero (0) balance, the Closeout Form must be submitted.

In the grid spaces, enter the dollar amounts of grant funds budgeted and grant funds actually spent; after a final budget revision, these two categories should be the same amount. For match funds, enter the budgeted amount and the actual amount of match funds expended; again, after a final budget revision, these two categories should be the same amount.

Below the grid, enter the total dollar amount of the grant award and the total dollar amount of the expenditures. After the final budget revision, these two figures should be the same to result in a balance of \$0 in remaining funds.

In the narrative section, describe the accomplishments achieved as a direct result of this grant funding.

The completion of the narrative section is not optional. The accomplishment information is very important as it is reported to the grant sources to justify the need for funding. Incomplete Closeout Forms or those filled out incorrectly will be returned.

SHELTER SUPPORT GRANT BUDGET for FY2005-2006

Agency: _____

Grant: 06-SG-# _____

Use back of form or attach pages if needed

CATEGORY	SSG \$\$	EXPENSE ACCOUNT NUMBER	MATCH SOURCE
<u>REHABILITATION/ MAJOR REPAIR</u> (List Project Activities)			
<u>OPERATION</u> (List Project Activities)			
<u>ADMINISTRATION</u> (non-staff) (List Project Activities)			
<u>STAFF</u> (List Staff Positions)			
Total			